## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10//583240

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)   |  |   |                             |                                   |                       |                                 |            | SMALL ENTITY TYPE  |                        | OR         | OTHER THAN R SMALL ENTITY |                        |
|---|--|---|-----------------------------|-----------------------------------|-----------------------|---------------------------------|------------|--------------------|------------------------|------------|---------------------------|------------------------|
| U.S. NATIONAL STAGE FEES  |  |   |                             |                                   | `                     |                                 | 7 [        | RATE               | FEE                    | 1          | RATE                      | FEE                    |
| BASIC FEE   |  |   |                             |                                   |                       |                                 | 1          | BASIC FEE          |                        | OR         | BASIC FEE                 | 300                    |
| EXAMINATION FEE   |  |   | ·                           |                                   | ·                     |                                 |            | EXAM. FEE          |                        | 1          | EXAM. FEE                 | 200                    |
| SEARCH FEE  |  |   |                             |                                   |                       |                                 |            | SEARCH FEE         |                        |            | SEARCH FEE                | 4.00                   |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =                 |                                   |                       | / 50 =                          | 1          | X \$ 125 =         |                        | 1          | X \$ 250 =                |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | )   minus 20 = *            |                                   | *                     |                                 | 1          | X \$ 25 =          |                        | OR         | X \$ 50 =                 |                        |
| INDEPENDENT CLAIMS  |  |   | 5 minus 3 = *               |                                   | *                     | 2                               | 1 [        | X \$ 100 =         |                        | OR         | X \$ 200 =                | 400                    |
| MULTIPLE DEPENDENT CLAIM PRE  |  |   |                             |                                   |                       |                                 | 1 [        | + \$ 180 =         |                        | OR         | + \$ 360 =                | 1                      |
| * If  | the difference                                 | in column 1 is I                          | ess than zero, enter "0" ir |                                   |                       | lumn 2                          |            | TOTAL              |                        | OR         | TOTAL                     | 1300                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 1) (Column 2) (Column 2)   |  |   |                             |                                   |                       | (Column 3)                      | <b>,</b>   | SMALL E            | NTITY                  | OR         | OTHER 1                   |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |                             | NUME<br>PREVIO<br>PAID I          | BER<br>DUSLY          | PRESENT<br>EXTRA                |            | RATE               | ADDI-<br>TIONAL<br>FEE |            | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total .  | * 28                                      | Minus                       | **                                |                       | - 8                             |            | X \$ 25 =          |                        | OR         | X \$ 50 =                 | 400                    |
|   | Independent                                    | * 5                                       | Minus                       | *** 5                             |                       | =                               |            | X \$ 100 =         |                        | OR         | X \$ 200 =                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                             |                                   |                       | ı i                             | + \$ 180 = |                    | OR                     | + \$ 360 = | 360                       |                        |
|   |  |   |                             |                                   |                       | ı                               | T          | OTAL ADDIT.<br>FFF |                        | OR         | TOTAL ADDIT.<br>FFF       | 760                    |
| (Column 1) (Column 2) (Column 3)  |  |   |                             |                                   |                       |                                 |            |                    |                        | •          | 2060                      |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                             | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>USLY           | PRESENT<br>EXTRA                |            | RATE               | ADDI-<br>TIONAL<br>FEE |            | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                       | **                                |                       | =                               |            | X \$ 25 =          |                        | OR         | X \$ 50 =                 |                        |
|   | Independent                                    | *   | Minus                       | ***`                              |                       | =                               |            | X \$ 100 =         |                        | OR         | X \$ 200 =                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                             |                                   |                       |                                 | 1 1        | + \$ 180 =         |                        | OR         | + \$ 360 =                |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                             |                                   |                       |                                 |            |                    |                        |            |                           | υ·.                    |
|   | The "Highest Nun                               | nber Previously Paid                      | For" (Total or Inde         | pendent) is                       | than '3',<br>the high | enter "3".<br>nest number found | I in the   | appropriate box    | in column 1            |            |                           |                        |